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Tyco Healthcare Group LP  
Legal - Intellectual Property  
15 Hampshire Street  
Mansfield, MA 02048Elizabeth A. O'Brien  
Direct Dial: 508-261-8513  
Dept. Fax: 508-261-6225  
e-mail: Betsy.O'Brien@TycoHealthcare.com

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Date 01/03/2007  
Company U.S. PATENT & TRADEMARK OFFICE  
Attention Commissioner for Patents  
Fax No. (571) 273-8300  
From Elizabeth A. O'Brien  
Subject U.S. Patent Application No. 10/810,231  
Title: Body Fluid Collection Apparatus  
Filing Date: 03/25/2004  
Attorney Docket: 7056 US

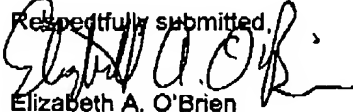
No. of Pgs. 4

Honorable Commissioner:

Enclosed please find the following documents related to the above-referenced patent application:

- ✓ Transmittal Form, PTO/SB/21;
- ✓ Certificate of Mailing;
- ✓ Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, PTO SB/82; and
- ✓ Statement Under 37 CFR 3.73(b), PTO/SB/96

Respectfully submitted,

  
Elizabeth A. O'Brien  
Atty. Reg. No. 46,128  
TYCO HEALTHCARE GROUP LP  
15 Hampshire Street  
Mansfield, MA 02048

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PTO/SB/21 (09-06)

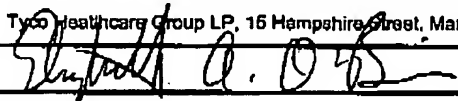
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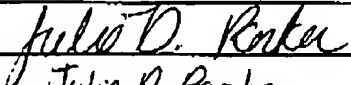
|  |                      |                                       |
|--|----------------------|---------------------------------------|
| <b>TRANSMITTAL<br/>FORM</b>                              | Application Number   | 10/810,231                            |
|  | Filing Date          | 03/25/2004                            |
|  | First Named Inventor | Mary Jo TOOMEY                        |
|  | Art Unit             | 3761                                  |
|  | Examiner Name        | Ginger T. CHAPMAN                     |
| (to be used for all correspondence after initial filing) |                      |                                       |
| Total Number of Pages in This Submission                 | 4                    | Attorney Docket Number<br>7058 US (1) |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: _____  |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Tyco Healthcare Group LP, 16 Hampshire Street, Mansfield, MA 02048                  |          |        |
| Signature    |  |          |        |
| Printed name | Elizabeth A. O'Brien  |          |        |
| Date         | 01/03/2007  | Reg. No. | 46,128 |

**CERTIFICATE OF TRANSMISSION/MAILING**

|   |   |      |        |
|---|---|------|--------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |        |
| Signature   |  |      |        |
| Typed or printed name   | Julie D. Parker   | Date | 1/3/07 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02 (01-06)

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|  |                        |                   |
|--|------------------------|-------------------|
| <b>REVOCATION OF POWER OF<br/>ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10/810,231        |
|  | Filing Date            | 03/25/2004        |
|  | First Named Inventor   | Mary Jo TOOMEY    |
|  | Art Unit               | 3761              |
|  | Examiner Name          | Ginger T. CHAPMAN |
|  | Attorney Docket Number | 7056 US (1)       |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 55748

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

55748

OR

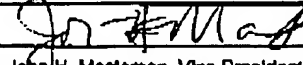
|   |  |       |  |     |
|---|--|-------|--|-----|
| <input type="checkbox"/> Firm or<br>Individual Name |  |       |  |     |
| Address   |  |       |  |     |
| City  |  | State |  | Zip |
| Country   |  |       |  |     |
| Telephone   |  | Email |  |     |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |              |
|-----------|---|-----------|--------------|
| Signature |  |           |              |
| Name      | John H. Masterson, Vice President, TYCO HEALTHCARE GROUP LP                         |           |              |
| Date      | <span style="border: 1px solid black; padding: 2px;">12/22/06</span>                | Telephone | 508-281-8000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: TYCO HEALTHCARE GROUP LPApplication No./Patent No.: 10/810,231 Filed/Issue Date: 03/25/2004Entitled: BODY FLUID COLLECTION APPARATUSTYCO HEALTHCARE GROUP LP

(Name of Assignee)

a limited partnership

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014930, Frame 0012, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

John H. Masterson

Printed or Typed Name

Vice President, Tyco Healthcare Group LP

Title

Date

12/22/06

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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